



TEXAS

Department of
State Health Services

Regulatory Licensing Unit

EMS Certification/Licensure Downgrade Statement

All information given on this application is considered public record, with the exception of social security number*.

EMS certification rules allow you to voluntarily change EMS certification/licensure to a lower level. You may downgrade the level of your current certification/licensure for the duration of this period or you may choose to renew your certification/licensure at a lower level. In both cases, you must submit this form with the renewal application and fee, if not exempt. The required fee is the full fee amount for the lower certification level as listed on the renewal application form for the level you are seeking. See renewal application form for correct fee amount.

Section 1 – Personnel Data

TYPE OR PRINT IN BLACK INK

Print Last Name	First Name	Middle Name	SS#* or Texas EMS ID #	
Mailing Address: Street, Apt Number or PO Box		City	State	Zip
()	()			
Home Phone (area code)	Business Phone (area code)	Date of Birth (MM/DD/YY)		

*Disclosure of your social security number is voluntary. We recommend you provide your social security number to be used as a unique identifier to prevent confusion among applicants with similar or same name.

Section 2 – Downgrade Status Period

Check one status period:

- ☐ I am requesting downgrade of my certification/licensure for the **remainder of this certification period**. I am choosing to forfeit my higher level certification/licensure. I realize I have one year from the acceptance of the lower level application to regain certification/licensure at the higher level. I also understand, to regain certification/licensure at the higher level, I must meet reentry requirements which are listed as Option 1 AND Option 4 on the renewal application form along with the reentry fee, if not exempt.
- ☐ I am requesting downgrade of my **next certification period**. I am choosing to forfeit my higher level certification/licensure at the end of this certification/licensure period. I have completed one of the renewal requirements as check marked on the renewal application form for this downgrade level. I realize I have one year from the acceptance of the lower level application to regain certification/licensure at the higher level. I also understand, to regain certification/licensure at the higher level, I must meet reentry requirements which are listed as Option 1 AND Option 4 on the renewal application form along with the reentry fee, if not exempt.

Section 3 – Downgrade Level

Check the level of certification for which you are applying:

- | | | |
|------------------------------|---|--|
| <input type="checkbox"/> ECA | <input type="checkbox"/> EMT-Intermediate | <input type="checkbox"/> Basic EMS Coordinator |
| <input type="checkbox"/> EMT | <input type="checkbox"/> Paramedic | <input type="checkbox"/> EMS Instructor |

Section 4 – Signature and Date

I hereby affirm and declare that all information submitted on this form is true and correct. I understand that false statements or information on this application may be considered as sufficient cause for denial of certification or decertification.

Signature of Applicant: _____ **Date:** _____

PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collect about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification.

(Reference: Government Code, Section 522.021, 522.023 and 559.004)

Sept 2004